



B02/178-0115

003-115  
Attorney's Docket No.

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to International (PCT) Applications)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**VERFAHREN ZUM EINBAUEN VON SPIRALFÖRMIGEN GEWINDEEINSÄTZEN SOWIE EINBAUWERKZEUG ZUR DURCHFÜHRUNG DES VERFAHRENS**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as United States Patent application  
Number 10/775,125 on February 11, 2004  
and was amended on \_\_\_\_\_ (if applicable).
- ☐ was filed as PCT International application  
Number \_\_\_\_\_ on \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above. I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d):			
COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
GERMANY	103 05 898.2	13.02.2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

AIC 8-03



B02/178-0

**Combined Declaration for Patent Application and Power of Attorney**  
**(Includes Reference to PCT International Applications)**

Attorney's Docket No. 003-115

Page 2 of 3

I hereby appoint Adam J. Cermak, Registration No. 40,391 of Law Office of Adam J. Cermak, telephone and telefacsimile (703) 768-0994, with the customer number below and a mailing address at:

**Customer Number 36844**

P.O. Box 7518  
 Alexandria, VA 22307-7518

with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

The undersigned hereby authorizes the U.S. Attorneys named herein to accept and follow instructions from undersigned's assignee, if any, and/or, if the undersigned is not a resident of the United States, the undersigned's domestic attorney, patent attorney or patent agent, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>FULL NAME OF SOLE OR FIRST INVENTOR</b>	Eduard BRUEHWILER
Signature	<i>Eduard Bruehwiler</i>
Date	17.2.2004
Residence (City, State, Country)	Turgi, Switzerland
Citizenship	Switzerland
Mailing Address	Pestalozzistrasse 2
City, State, ZIP, Country	CH-5300 Turgi, Switzerland

AJC 8-03



B02/178-0 US

Combined Declaration for Patent Application and Power of Attorney  
(Includes Reference to PCT International Applications)

Attorney's Docket No. 003-115

Page 3 of 3

<b>FULL NAME OF SECOND INVENTOR, IF ANY</b>	Graham Christopher YOUNG
Signature	<i>Graham Christopher Young</i>
Date	18/02/2004
Residence (City, State, Country)	WETTINGEN, Oberehrendingen, Switzerland
Citizenship	Great Britain
Mailing Address	Dorfstrasse 17 HARDSTR 29
City, State, ZIP, Country	CH-5422 Oberehrendingen, Switzerland CH-5430 WETTINGEN

<b>FULL NAME OF THIRD INVENTOR, IF ANY</b>	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	

<b>FULL NAME OF FOURTH INVENTOR, IF ANY</b>	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	

<b>FULL NAME OF FIFTH INVENTOR, IF ANY</b>	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	

AIC 8-03